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U.S. Patent and Traching Milling U.S. DEPARTMENT OF COMMERCE
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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875  |   |   |                                       |   |                  |   | Application or Docket Number<br>10/628,565 |   |          | ing Date<br>29/2003           | To be Mailed           |  |
|--|---|---|---------------------------------------|---|------------------|---|--|---|----------|-------------------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2)  |   |   |                                       |   |                  |   | SMALL ENTITY                               |   |          | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| Н  | FOR   |   | NUMBER FILED                          |   | NUMBER EXTRA     |   | RATE (\$)                                  | FEE (\$)                                | <u> </u> | RATE (\$)                     | FEE (\$)               |  |
|  | BASIC FEE   | $\neg$                                    | N/A                                   | LD NO   | N/A              |   | N/A  | TEE (a)                                 | l        | N/A                           | TEE (8)                |  |
| ┢  | (37 CFR 1.16(a), (b),<br>SEARCH FEE                                       | or (c))                                   | AL/A                                  |   |                  |   |  |   | ł        | <del></del>                   |                        |  |
| H  | (37 CFR 1.16(k), (j), (   |   | N/A                                   |   | N/A              |   | N/A  |   | l        | N/A                           |                        |  |
| TO   | (37 CFR 1.16(o), (p),   |   | N/A                                   |   | N/A              |   | N/A  |   | ١        | N/A                           |                        |  |
| (37  | CFR 1.16(i))<br>EPENDENT CLAIM  | s   | minus 20 = *                          |   | •                |   | x \$ =                                     |   | OR       | x \$ =                        |                        |  |
| (37  | CFR 1.16(h))  |   | minus 3 = *                           |   |                  |   | x \$ =                                     |   | ı        | x \$ =                        |                        |  |
|  | APPLICATION SIZE<br>(37 CFR 1.16(s))                                      | FEE shee is \$2 addit                     | ts of pape<br>50 (\$125<br>ional 50 s | gs exceed 100<br>in size fee due<br>for each<br>in thereof. See<br>CFR 1.16(s). |                  |   |  |   |          |                               |                        |  |
|  | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                         |   |                                       |   |                  |   |  |   | 1        |                               |                        |  |
| * If   | * If the difference in column 1 is less than zero, enter "0" in column 2. |   |                                       |   |                  |   |  |   | 1        | TOTAL                         |                        |  |
| APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3)   |   |   |                                       |   |                  |   |  | OTHER THAN SMALL ENTITY OR SMALL ENTITY |          |                               |                        |  |
| AMENDMENT  | 06/29/2009  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                     | PRESENT<br>EXTRA |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$)                  |          | RATE (\$)                     | ADDITIONAL<br>FEE (\$) |  |
|  | Total (37 CFR<br>1.16(i))   | · 37                                      | Minus                                 | <b></b> 37  | = 0              | 1 | x \$ =                                     |   | OR       | X \$52=                       | 0                      |  |
|  | Independent<br>(37 CFR 1.16(h))   | • 3                                       | Minus                                 | ···3  | = 0              | 1 | x \$ =                                     |   | OR       | X \$220=                      | 0                      |  |
|  | Application Size Fee (37 CFR 1.16(s))                                     |   |                                       |   |                  |   |  |   |          |                               |                        |  |
| _  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))           |   |                                       |   |                  |   |  |   | OR       |                               |                        |  |
|  |   |   |                                       |   |                  |   | TOTAL<br>ADD'L<br>FEE                      |   | OR       | TOTAL<br>ADD'L<br>FEE         | 0                      |  |
| (Column 1) (Column 2) (Column 3)   |   |   |                                       |   |                  |   |  |   |          |                               |                        |  |
| AMENDMENT  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                     | PRESENT<br>EXTRA |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$)                  |          | RATE (\$)                     | ADDITIONAL<br>FEE (\$) |  |
|  | Total (37 CFR<br>1,16())  |   | Minus                                 |   | =                | 1 | x \$ =                                     |   | OR       | x \$ =                        |                        |  |
|  | Independent<br>(37 CFR 1.16(h))   |   | Minus                                 | ***   |                  | ] | x \$ =                                     |   | OR       | x \$ =                        |                        |  |
| Ш  | Application Size Fee (37 CFR 1.16(s))                                     |   |                                       |   |                  | ] |  |   | ]        |                               |                        |  |
| AM   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))           |   |                                       |   |                  | 1 |  |   | OR       |                               |                        |  |
|  |   |   |                                       |   |                  |   |  |   | OR       | TOTAL<br>ADD'L<br>FEE         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or Independent) is the highest number found in the appropriate box in column 1. |   |   |                                       |   |                  |   |  |   |          |                               |                        |  |

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in Sife (and by the USETO to noceess) an implication. Confidentiality is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 relaminate to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double be sent to the CEMPT (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissionment for Patients, P.O., Box 1450, Alexandrias, VA 22313-1450, DR NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO THE PATIENT TO THE PATIENT